

**NEW HAMPSHIRE POSTSECONDARY EDUCATION COMMISSION**  
**3 Barrell Court, Suite 300**  
**Concord, NH 03301-8543**  
**(603)271-2555**

**APPLICATION FOR THE NH WORKFORCE INCENTIVE LOAN REPAYMENT PROGRAM**

**AWARD INFORMATION:**

The Workforce Incentive Program is designed to assist New Hampshire employers in the recruitment and retention of employees by providing loan repayment for service in workforce shortage areas.

To be eligible for an award under the NH Workforce Incentive Program, you must:

- Show evidence, through the submission of this completed application, that you have completed one year of service in New Hampshire for each year of loan repayment;
- Have been employed in a workforce shortage area as determined by the Postsecondary Education Commission;
- Not have received more than four prior awards under this program;
- Have completed the service after July 1, 2002; and
- Have submitted the application between July 1 and October 31. Please note that submission of an application does not guarantee approval for funds.

**APPLICANT INFORMATION:** (Please Print)

First Name	MI.	Last Name	
Street Address/PO Box Number			
City	State	Zip Code	E-mail address
Telephone number (    ) _____ - _____      Date of Birth    ____/____/____			
Current Employer: _____		Telephone: (    ) _____ - _____	
_____		Fax: (    ) _____ - _____	
Street address			
City	State	Zip Code	

APPLICANT'S SOCIAL SECURITY NUMBER:    \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ (optional)

If you do not have a social security number, obtain one from the nearest Social Security Administration office. *If there is a delay, submit your application to comply with the deadline and forward the social security number to the Commission at the earliest possible date.* Section 7(b) of the Privacy Act of 1974 requires that when any federal, state, or local government requests an individual to disclose his social security number, that the individual must also be advised whether the disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it. Applicants are hereby advised that disclosure of the social security number is optional for participation in the NH Workforce Incentive Loan Repayment Program. The Commission will use the social security number to identify the applicant, to insure that the information concerning that applicant is properly filed, and to identify to the loan servicer the grant payment for recipients. If you do not give your number, you may still receive aid under this program.

**OUTSTANDING EDUCATIONAL LOANS:**

List all outstanding **educational** loans. The Postsecondary Education Commission must be able to verify these with commercial lending institutions as EDUCATIONAL loans. These must be ONLY YOUR STUDENT LOANS, and may NOT include any consolidated loans with another person, nor may they include mortgage, car, personal, business, or any other type of loan except your own student educational loans. Attach additional pages, if necessary. PLEASE BE SURE TO ENCLOSE A COPY OF YOUR MOST RECENT STATEMENT/S FOR BALANCE VERIFICATION.

Loan Servicer – Name, address & phone number	Account #	Date of Origin	Total Original Amount	Interest Rate	Current Loan Balance

**TOTAL DUE:** \$ \_\_\_\_\_

Only loan principal shall be eligible for repayment and no recipient shall receive more than \$10,000 in loan repayments. Awards shall be made directly to the loan servicer utilizing the following schedule:

- For the first and second years of service, 15% of loan amount up to \$1,500.00;
- For the third and fourth years of service, 20% of loan amount up to \$2,000.00; and
- For the fifth (final) year of service, 30% of loan amount up to \$3,000. by applicant designation.
- For loan balances over \$10,000 the loans will be credited by descending interest rate, or in order of preference by applicant designation.

**CONDITIONS OF THE ASSISTANCE (Obligation of the Recipient):**

Each recipient

- shall provide the Postsecondary Education Commission with the name and address of the current servicer of each student educational loan received, and shall be responsible for notifying the commission of any change in servicer information;
- shall be responsible for notifying the Postsecondary Education Commission of any change in address shown on the application; and
- may reapply each year, for up to **five (5)** years.

**CERTIFICATION:**

I certify that the information given in this application and any attachments is accurate and complete to the best of my knowledge. I understand that the information I have provided is subject to verification and that willfully providing false information may result in disqualification from participation in this program. Further, I certify that I have read and understand the conditions of assistance and service commitment associated with the NH Workforce Incentive Program.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**PERMISSION TO RELEASE INFORMATION:**

I hereby give permission for the release of information on my employment status and financial need to the New Hampshire Postsecondary Education Commission as required by the Commission staff to verify eligibility for the NH Workforce Incentive Program.

**Name:** \_\_\_\_\_  
Please Print or Type

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## **EMPLOYMENT CONFIRMATION FORM**

### **ELIGIBLE SERVICE:**

Eligible service under this program shall be **full-time** employment **in New Hampshire** in the workforce shortage area as designated by the Postsecondary Education Commission for the following defined durations:

If service is in education, an eligible year of service is the academic year as determined by the institution; or  
If service is other than education, an eligible year is one calendar year.

### **EMPLOYMENT INFORMATION: To be completed by employer.**

**Name of Employer:** \_\_\_\_\_ For Profit ☐ Non-Profit ☐  
Please print

**Address:** \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_  
City State Zip

**Certifying Official:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_  
Please print name

**Title:** \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_ - \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
Please print

Is the applicant currently a full-time employee with your institution/organization? **Yes** **No**

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Termination Date (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

Employed as a certified/licensed:

Foreign Language Teacher ☐ Special Education Teacher ☐ LPN ☐ RN ☐ ARNP ☐

Will your, or any other, institution/organization in the region offer at least a dollar-for-dollar match to enhance the award? **Yes** **No**

I certify that the information stated above is true.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_